

Name of Party or Representative

Address \_\_\_\_\_

Telephone \_\_\_\_\_

☐ Claimant    or    ☐ Employer

LABOR AND INDUSTRIAL RELATIONS APPEALS BOARD

STATE OF HAWAII

_____	)	AB No.: _____
Claimant,	)	
	)	DCD No.: _____
vs.	)	
	)	Accident Date: _____
_____	)	
Employer,	)	
	)	
and	)	
	)	
_____	)	
Insurance Carrier.	)	
_____	)	

LIVE WITNESS IDENTIFICATION

AND

CERTIFICATE OF SERVICE

The undersigned hereby identifies the following as witnesses who will provide live testimony at the trial in this appeal:

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

I hereby certify that a copy of the foregoing document was sent to the following parties by means of hand-delivery and/or U.S. Mail, postage prepaid at the last known address(es):

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_